

FILED DEC 9-1957

STANDARD CERTIFICATE OF DEATH

43202  
STATE FILE NUMBER

Registration District No. 354

Primary Registration District No. 6198

Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CASS Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u> c. CITY OR TOWN <u>CASS Twp., MO.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>SOLO, MO.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>JESS</u> Middle <u>LORENZO</u> Last <u>WATSON</u>				4. DATE OF DEATH Month <u>12</u> Day <u>2</u> Year <u>57</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>3-7-1893</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>				10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) <u>PRESCOTT, MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>EDWARD WATSON</u>				14. MOTHER'S MAIDEN NAME <u>LOUISA OGLE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WWI</u>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>Herbert Watson, Ell Creek, Mo.</u> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. <u>VIEWED</u> the deceased <u>ON</u> <u>12-2-57</u> to <u>3:45 A.M.</u> and last saw her <u>him</u> alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>James Porter (Coroner)</u> (Degree or title)				22b. ADDRESS <u>Calool, Mo.</u>		22c. DATE SIGNED <u>12-3-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>12-4-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>NEW HOPE CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>SOLO, MO.</u>	
24. FUNERAL DIRECTOR <u>Elliot Porter, Calool, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>12-4-57</u>		26. REGISTRAR'S SIGNATURE <u>Baynell Cunningham</u>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 1 1958

JAN 9 1958

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4710

P. O. Address Cabool, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.